

Re-Examination:

Name: Glavia Benitez
Date: 12-21-05

SUBJECTIVE SYMPTOMS

Neck _____ Flex _____
Sh/Arm/Hand _____
Mid-Back _____
But/Leg/Ft _____
H.A. _____

RANGE OF MOTION

CERVICAL LUMBAR

Ext _____
Rt. Flex _____
Lt. Flex _____
Rt. Rot _____
Lt. Rot _____

DTR (Wexler 0-5)

Bio Tri Sup Pat Ach
RT _____
LT _____

SENSORY EXAM

C5 C6 C7 C8 L4 L5 S1

GRIP (Dynamometer)

HEEL WK TOE WK HIBBS GOLDTHWAIT

RT _____
LT _____

SOTO HALL

ELY BECHTEREW

SH. DISTRACTOR

FORAMINAL
comp dist

RT _____
LT _____

PALPATORY TENDERNESS

Occipital
Nerve

Solatio
Notoh

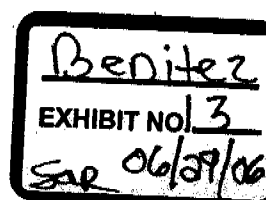
Temple

Glut
Max

SIJ

RT _____
LT _____

PT HAS REACHED MAX
PT IS DISCHARGED w/ NO DISABILITY



SOD0252

ADJUNCTIVE THERAPY

_____ Moist Heat	C	T	L	_____
_____ EMS	C	T	L	_____
_____ TX	C	T	L	_____
_____ Ice Packs	C	T	L	_____
_____ Trigger Point/Myofascial Release				

HOME THERAPY

Exercize	C	L	TOS
Moist Heat	C	L	TOS
Ice Packs	C	L	TOS
Cervical TX	C	L	TOS

12-21-06

Amf

REFERRED FOR

_____ Med Sur Eval
 _____ Neuro Eval
 _____ CT Scan
 _____ MRI
 _____ EMG
 _____ X-ray

WORK STATUS:

Regular Work Modified Work No Work
 No Prolonged Sitting Standing Walking
 No Repeated / Prolonged bending
 Lifting Restrictions:
 _____ 0-15 lbs _____ 16-35 lbs _____ 36-50 lbs
 NO prolonged use of arms/ hands
 above shoulders

STATUS

_____ Therapeutic/Corrective Care
 _____ Supportive/Palliative Care
 _____ Preventative/Maintenance Care
 _____ PRN
 _____ Inactive
 _____ Not accepted for care
 _____ Exam suggests unlikely to benefit

FREQUENCY OF TREATMENTS

_____ times per week
 _____ times per month
 Re-examination Planned in
 approximately _____ wks/mths/visits
 Or as needed

PLAN

_____ Continue with treatment as outlined on this re-exam and monitor changes

GOAL

_____ Increase Function
 _____ Increase strength/flexibility
 _____ Decrease pain _____ Decrease spasm
☒ Return to pre-injury state

Taimny Swift, D.C.

John Swift, D.C.

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